

# Request for Supplier Reference

Prepared by:

Contracts & Commissioning



Education, Social Services & Housing

**SUPPLIER REFERENCE FOR:**

(please put the name of the supplier you are completing a reference for)

--

**PART A: Please provide details of the supply of service / goods performed by this company for your organisation.**

**Questions A2, A6, A7, A8, A12 – Will be scored.** A1, A3, A4, A5, A9, A10, A11 are for information only but still need to be filled in.

A1. Type of Product / Service supplied to your Organisation.

--

**Score 3 – 0 Below**

A2. Please score in relation to their **relevance** to providing Autistic Spectrum Condition Services

<b>Select one of the following: 3 = High 1 = Some 0 = Little/None</b>
---

A3. Date when your organisation began using this Company

--

A4. Is your Organisation still using this supplier?

--

If YES - Value of work (£/year)

--

If NO - please state last date on which work was supplied/carried out.

--

A5. Have you ever had to issue defaults against this supplier?

--

If YES, how many and over what period of time?

--

**Score 3 – 0 Below**

A6. Please score supplier on their **reliability** in relation to defaults / contract penalties / liquidated damages

<b>Select one of the following: 3 = Good 1 = Moderate 0 = Poor</b>
--

A7. Please score supplier based on **number of times** you've terminated a contract due to poor performance

<b>Select one of the following: No times = 3 Once = 1 Twice+ = 0</b>
--

A8. Please score supplier based on **number of times** you've withdrawn from a contract either before or after the award of contract

<b>Select one of the following: No times = 3 Once = 1 Twice+ = 0</b>
--

A9. Does your organisation vet potential suppliers?

--

If YES, do you use or carry out the following;

<b>Application Forms</b> <b>Financial Checks</b> <b>Take up of References</b>	

A10. Has this supplier been vetted by your organisation?

--

A11. Would you consider this supplier for any future requirements or contracts?

--

**Score 3 – 0 Below**

A12. Please score supplier on **how much you'd like to do business with them again** in the future

<b>Select one of the following: 3 = A lot 1 = Moderately 0 = Not really</b>
---

ASC Reference Form - Appendix Z

**PART B: Please comment on the performance of the supplier by circling one of the appropriate boxes.**  
**All Questions B1-B16 will be scored to give an average score between 1-10.**  
**10 = Excellent, 7-8 = Good, 5-6 = Average, 3-4 = Poor, 2-3 = V.Poor, 1 = Unacceptable**

B1. Overall performance.	1	2	3	4	5	6	7	8	9	10
B2. Experience as a Domiciliary care provider	1	2	3	4	5	6	7	8	9	10
B3. Organisation and Management	1	2	3	4	5	6	7	8	9	10
B4. Competitiveness of Prices.	1	2	3	4	5	6	7	8	9	10
B5. Quality of service	1	2	3	4	5	6	7	8	9	10
B6. Ability to deliver the contracted service effectively	1	2	3	4	5	6	7	8	9	10
B7. Creativity, innovation, responsiveness and flexibility	1	2	3	4	5	6	7	8	9	10
B8. Supervision and training of care staff	1	2	3	4	5	6	7	8	9	10
B9. Staff Turnover: 10=Low, 1=Very High	1	2	3	4	5	6	7	8	9	10
B10. Professionalism of staff.	1	2	3	4	5	6	7	8	9	10
B11. Communication with service users	1	2	3	4	5	6	7	8	9	10
B12. Response to complaints / rectification work/ problems.	1	2	3	4	5	6	7	8	9	10
B13. Partnership working with other service providers	1	2	3	4	5	6	7	8	9	10
B14. Invoices - detailed, accurate & on time.	1	2	3	4	5	6	7	8	9	10
B15. Communication with Purchasers	1	2	3	4	5	6	7	8	9	10
B16. Quality of contract monitoring information	1	2	3	4	5	6	7	8	9	10

---

Thank you for your assistance in completing this form. Once complete, please email to [jon.richardson@reading.gov.uk](mailto:jon.richardson@reading.gov.uk)  
 Reading Borough Council, Contracts & Commissioning, Civic Centre, Reading, RG1 7AE, Tel. 0118-937-4849

Questionnaire completed by:

Company Name:

Signed:

Print:

Position:

Date:

For & on behalf of:

**All information submitted will be treated in the strictest confidence**